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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |                            |   |
|-----|--|----------------------------|---|
|     |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   | James                      |   |
|     | Write the name that is on your government-issued picture identification (for | First name                 | First name                                    |
|     |  | Middle name                | Middle name                                   |
|     | example, your driver's<br>license or passport                                | Oaks                       | _   |
|     | ilicense or passport   | Last name                  | Last name                                     |
|     | Bring your picture identification to your meeting with the trustee.          | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.  | All other names you  |                            |   |
|     | have used in the last  | First name                 | First name                                    |
|     | 8 years  |                            | _   |
|     | Include your married or  | Middle name                | Middle name                                   |
|     | maiden names.  | Last name                  | Last name                                     |
|     |  | Last Harrie                | Lastitatie                                    |
|     |  | First name                 | First name                                    |
|     |  |                            | _   |
|     |  | Middle name                | Middle name                                   |
|     |  | Last name                  | Last name                                     |
| 3.  | Only the last 4 digits of your Social  | XXX - XX- 7832             | xxx - xx-                                     |
| ;   | Security number or<br>federal Individual                                     | OR                         | OR  |
|     | Taxpayer<br>Identification number  | 9 xx - xx-                 | 9 xx - xx-                                    |
|     | (ITIN)   |                            |   |

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| D  | ebtor 1 James<br>First Name                            | Oaks  Middle Name Last Name   | Case number (if known)   |
|----|--|---|--|
|    |  |   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 7655 N Ashland Ave Apt 3<br>Number Street   | Number Street  |
|    |  | Chicago Illinois 60626  |  |
|    |  | City State Zip Code Cook  | City State Zip Code  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

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| Del | btor 1 James  |  |   | Case number (if kno   | wn)   |
|-----|---|--|---|---|---|
|     | First Name  | Middle Name  | Last Name   |   |   |
| Par | t 2: Tell the Court Abo   | ut Your Bankruptcy Case  |   |   |   |
|     | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief descrip Bankruptcy (Form B2010)). Also Chapter 7 Chapter 11 Chapter 12 Chapter 13  |   |   | c. § 342(b) for Individuals Filing for opriate box.   |
|     | How you will pay the<br>fee   | more details about how you cashier's check, or money may pay with a credit card.  I need to pay the fee in in Individuals to Pay Your Formula in the official poverty line the | rou may pay. Typically, if you order If your attorney is of or check with a pre-printer installments. If you choose filling Fee in Installments (Owaived (You may request uired to, waive your fee, and at applies to your family size you must fill out the Application. | ou are paying the<br>submitting your<br>ed address.<br>this option, sig<br>official Form 103.<br>this option only<br>d may do so only<br>ze and you are u | the clerk's office in your local court for efee yourself, you may pay with cash, repayment on your behalf, your attorney on and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of anable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
|     | Have you filed for bankruptcy within the last 8 years?  | Ves. District District District  | When<br>When<br>When  | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number   |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   | When When   | MM / DD / YYYY  MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
|     | Do you rent your residence?   | No. Go to line 12  | Statement About an Eviction   | -   | you want to stay in your residence?  St You (Form 101A) and file it with  |

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Oaks Debtor 1 James \_\_ Case number (if known) Middle Name Last Name Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 James Oaks Case number (if known)
First Name Middle Name Last Name

| Part 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling   |     |  |   |  |  |
|---|---|--|-----|--|---|--|--|
|   | About Debtor 1:   |  | Abo | out Debtor 2 (Sp   | oouse Only in a Joint Case):  |  |  |
| 15. Tell the court  | You must check one:   |  | You | You must check one:  |   |  |  |
| whether you have<br>received briefing<br>about credit<br>counseling.                                      | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |     | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.   |  |  |
| The law requires that you receive a briefing  |   | ne certificate and the payment plan, veloped with the agency.  |     |  | the certificate and the payment plan, eveloped with the agency.   |  |  |
| about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully                      | counseling agen   | ing from an approved credit<br>cy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.  |     | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |  |  |
| check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | er you file this bankruptcy petition, opy of the certificate and payment   |     |  | ter you file this bankruptcy petition, sopy of the certificate and payment  |  |  |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | ked for credit counseling services<br>d agency, but was unable to<br>vices during the 7 days after I<br>t, and exigent circumstances<br>imporary waiver of the   | ľ   | from an approve<br>obtain those ser<br>made my reques            | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                 |  |  |
| creditors can begin collection activities again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |     | requirement, atta-<br>efforts you made<br>unable to obtain i     | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    |  |  |
|   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   |     |  | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  |  |
|   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. b, your case may be dismissed.   |     | receive a briefing<br>must file a certific<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |  |  |
|   |   | ne 30-day deadline is granted only nited to a maximum of 15 days.  |     |  | the 30-day deadline is granted only mited to a maximum of 15 days.  |  |  |
|   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   |     | I am not require counseling beca                                 | d to receive a briefing about credit<br>ause of:  |  |  |
|   | ☐ Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |     | Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |  |  |
|   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.   |     | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |  |  |
|   | Active duty.  | I am currently on active military duty in a military combat zone.  |     | Active duty.   | I am currently on active military duty in a military combat zone.   |  |  |
|   | about credit coun   | are not required to receive a briefing seling, you must file a motion for punseling with the court.  |     | about credit cour  | are not required to receive a briefing<br>seling, you must file a motion for<br>ounseling with the court.   |  |  |

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| Debtor 1 James  | Medalla Nassa  | Oaks  | Case number (if known)  |   |  |  |  |
|---|--|---|---|---|--|--|--|
| Part 6: Answer These Que  | Middle Name estions for Reporting Purp   | Last Name  OSeS   |   |   |  |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts prima "incurred by an indivi  No. Go to line 16  ✓ Yes. Go to line 17  16b. Are your debts prima money for a business  No. Go to line 16  ✓ Yes. Go to line 17   | arily consumer debts? Co<br>idual primarily for a persona<br>bb.<br>7.<br>arily business debts? Busi<br>s or investment or through to | al, family, or household pu<br>iness debts are debts that<br>the operation of the busine                    | rpose."<br>you incurred to obtain<br>ess or investment.   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid to   | Chapter 7. Go to line 18. apter 7. Do you estimate that a that funds will be available to a   |   |   |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,00<br>10,001-25,0   | 00 🗒 5  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$50,000,00   | 1-\$50 million  | 5500,000,001-\$1 billion<br>61,000,000,001-\$10 billion<br>610,000,000,001-\$50 billion<br>More than \$50 billion |  |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?  |  | \$50,000,00   | 1-\$50 million  | 5500,000,001-\$1 billion<br>61,000,000,001-\$10 billion<br>610,000,000,001-\$50 billion<br>More than \$50 billion |  |  |  |
| Part 7: Sign Below  | <del></del>  |   |   |   |  |  |  |
| For you   | correct.  If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents mout this document, I have contained the contained the counter of the co | er Chapter 7, I am aware tha<br>code. I understand the relief<br>ne and I did not pay or agree<br>obtained and read the notic         | at I may proceed, if eligible available under each chape to pay someone who is ne required by 11 U.S.C. § 3 | ` '   |  |  |  |
|   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |   |   |   |  |  |  |
|   | /s/ James Oaks   |   | Signature of Debter 0   |   |  |  |  |
|   | Signature of Debtor 1  | 24.7  | Signature of Debtor 2   |   |  |  |  |
|   | Executed on 4/3/20<br>MM   | 017<br>// / DD / YYYY   | Executed on   | MM / DD / YYYY  |  |  |  |

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| Debtor 1 James                                   |                            | Oaks                        | Case number         | (if known)  |
|--|----------------------------|-----------------------------|---------------------|---|
| First Name                                       | Middle Name                | Last Name                   |                     |   |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12, or 1 | 3 of title 11, Unit | have informed the debtor(s) about<br>ted States Code, and have explained the<br>I also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 342(b   | ) and, in a case ir | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after    | an inquiry that the inform  | nation in the sche  | edules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.0                        |                             |                     |   |
| need to file this page.                          | /s/ Chad Mizelle           |                             | Date                | 4/3/2017  |
|  | Signature of Attorney for  | or Debtor                   |                     | MM / DD / YYYY  |
|  |                            |                             |                     |   |
|  |                            |                             |                     |   |
|  | Chad Mizelle               |                             |                     |   |
|  | Printed name               |                             |                     |   |
|  | Semrad Law Firm            |                             |                     |   |
|  | Firm name                  |                             |                     |   |
|  | 20 S. Clark Street         |                             |                     |   |
|  | Street                     |                             |                     |   |
|  | 28th Floor                 |                             |                     |   |
|  |                            |                             |                     |   |
|  | Chicago                    | Illin                       |                     | 60603   |
|  | City                       | Sta                         | te                  | Zip Code  |
|  |                            |                             |                     |   |
|  | Contact phone              |                             | Email address       | cmizelle@semradlaw.com  |
|  |                            |                             |                     |   |
|  | Day access as              |                             | Illino              | ·   |
|  | Bar number                 |                             | State               | ₽   |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | James                     |             | Oaks                 |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             |                      |  |  |  |  |  |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own              |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00  |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <u>*</u>  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$6,885.00<br>——————————————————————————————————— |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$6,885.00  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe                |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | ,   |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | <u>·</u>  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$29,656.00                                       |
| Your total liabilities   | \$29,656.00                                       |
| Part 3: Summarize Your Income and Expenses   |   |
|  |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I      | \$1,944.26  |
| Copy your combined monthly income from line 12 or <i>scriedule</i> 1   |   |
| 5. Schedule J: Your Expenses (Official Form 106J)  |   |

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Oaks Debtor 1 James \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,820.00 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$23,000.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$23,000.00

9g. Total. Add lines 9a through 9f.

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| Fill in this   | informa                               | ation to identify your ca   | ase:  |                       |  |                     |   |   |
|--|---------------------------------------|---|---|-----------------------|--|---------------------|---|---|
| Debtor 1   |                                       | James   |   |                       | Oaks   |                     |   |   |
| Debtor 1   | -                                     | First Name  | Middle N  | lame                  | Last Name  |                     |   |   |
| Debtor 2<br>(Spouse, if fil                          | ling)                                 | First Name  | Middle N  | lame                  | Last Name  |                     |   |   |
| United Sta   | ates Bar                              | nkruptcy Court for the:   | Northern  |                       | District of Illinois   |                     |   |   |
| Case num   | ber                                   |   |   |                       | (State)  |                     |   |   |
| ` ′  | ıl Fo                                 | rm 106A/B   |   |                       |  |                     |   | Check if this is an amended filing  |
|  |                                       | A/B: Prope  | rtv   |                       |  |                     |   | 12/1  |
| In each ca<br>category v<br>responsibl<br>write your | tegory<br>where y<br>e for si<br>name | , separately list and d<br>you think it fits best. E<br>upplying correct infor<br>and case number (if k | escribe items. Li<br>Be as complete a<br>mation. If more s<br>nown). Answer e | nd ac<br>pace<br>very | •  | ople are<br>this fo | e filing together, both a<br>orm. On the top of any a                   | asset in the<br>are equally   |
| Part 1:  | Descr                                 | ibe Each Residenc   | e, Building, La   | na, o                 | r Other Real Estate You Own or I   | Have a              | an interest in  |   |
| 1. Do you  | No. G                                 | or have any legal or eq<br>to to Part 2<br>There is the property?                                       | uitable interest  |                       | y residence, building, land, or similar parts.  at is the property? Check all that apply.  | propert             |   | claims or exemptions. Put   |
| 1.1  | Street                                | address, if available, or o   | other description   |                       | Single-family home<br>Duplex or multi-unit building  |                     |   | red claims on Schedule D:<br>nims Secured by Property.  Current value of the  |
|  |                                       |   |   | H                     | Condominium or cooperative  Manufactured or mobile home  Land  |                     | entire property?  | portion you own?  |
|  | Numb                                  |   | Zin Codo  |                       | Investment property Timeshare Other  |                     | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by  |
|  | City                                  | State   | Zip Code  | Who                   | o has an interest in the property? Che   | ck                  | Check if this is co<br>(see instructions)                               | mmunity property  |
| If you   | own or                                | have more than one, lis   | st here:  |                       | Debtor 1 and Debtor 2 only At least one of the debtors and another per information you wish to add about perty identification number:  | this ite            | m, such as local  |   |
| 1.2  | Street                                | address, if available, or o   | other description   | What I                | at is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  |                     | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> hims Secured by Property.  Current value of the portion you own? |
|  | Numb                                  | er Street<br>State  | Zip Code  | Ħ                     | Land Investment property Timeshare Other   |                     | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by  |
|  |                                       |   |   | one                   | o has an interest in the property? Check.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another per information you wish to add about perty identification number: |                     | (see instructions)  | emmunity property   |

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| Debtor 1                               | James<br>First Name   | Middle Name         | Oaks<br>Last Name   | Case numbe       | r (if known)           |   |
|--|---|---------------------|---|------------------|------------------------|---|
| 1.3 Street                             | et address, if available, or other                                  |                     | /hat is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other       | apply.           | the amount of any secu | imple, tenancy by   |
|  |   | []<br>[]<br>[]<br>0 | /ho has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to addroperty identification number: | nother           | (see instructions)     | mmunity property  |
|  | the dollar value of the portio<br>ve attached for Part 1. Write     | that number he      |   | uding any entrie | s for pages            |   |
| Do you ow<br>you own th<br>3. Cars, va | nat someone else drives. If you ns, trucks, tractors, sport utility | lease a vehicle, a  | in any vehicles, whether they are<br>also report it on Schedule G: Executorycles  | -                | -                      |   |
| 3.1                                    | Make Model: Year: Approximate mileage:  Other information:          |                     | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is community instructions)                           | nd another       | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
| 3.2                                    | Make Model: Year: Approximate mileage: Other information:           |                     | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a  | nd another       | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
|  |   |                     | Check if this is community instructions)  | property (see    |                        |   |

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| Dior I                                  | James   | Mialall - Ni |  | number (if known)  |  |
|---|---|--------------|--|--|--|
|   | First Name  | Middle Name  | Last Name  |  |  |
| 3.3                                     | Make  |              | Who has an interest in the property? Che   |  | claims or exemptions. F  |
|   | Model:  |              | one.   |  | ured claims on <i>Schedule</i><br>aims Secured by Propert  |
|   | Year:   |              | Debtor 1 only  | Creditors with mave Cit  | aims secured by Propen   |
|   | Approximate mileage:  |              | Debtor 2 only  | Current value of the   | Current value of the   |
|   | Other information:  |              | Debtor 1 and Debtor 2 only   | entire property?   | portion you own?   |
|   |   |              | At least one of the debtors and another  | · <del></del>  |  |
|   |   |              | Check if this is community property (  | see  |  |
|   |   |              | instructions)  | ,000   |  |
| 3.4                                     | Make  |              | Who has an interest in the property? Che   | eck Do not deduct secured  | claims or exemptions. F  |
| • | Model:  |              | one.   |  | ured claims on <i>Schedule</i>   |
|   | Year:   |              | Debtor 1 only  | Creditors Who Have Cla   | aims Secured by Propert  |
|   | Approximate mileage:  |              | Debtor 2 only  | Current value of the   | Current value of the   |
|   | Other information:  |              | Debtor 1 and Debtor 2 only   | entire property?   | portion you own?   |
|   |   |              | At least one of the debtors and another  | <del></del>  | <del></del>  |
|   |   |              | Check if this is community property (  | See  |  |
|   |   |              | _  | ,300   |  |
|   |   |              | er recreational vehicles, other vehicles, and t, fishing vessels, snowmobiles, motorcycle acc  |  |  |
| Exa                                     | mples: Boats, trailers, motors<br>No<br>Yes<br>Make   |              | er recreational vehicles, other vehicles, and t, fishing vessels, snowmobiles, motorcycle acc Who has an interest in the property? Che   | essories<br>eck Do not deduct secured  | claims or exemptions. F  |
| Exar                                    | nples: Boats, trailers, motors<br>No<br>Yes   |              | er recreational vehicles, other vehicles, and t, fishing vessels, snowmobiles, motorcycle acc who has an interest in the property? Che one.  | eessories  eck Do not deduct secured the amount of any sec   | claims or exemptions. F<br>ured claims on <i>Schedule</i><br>aims Secured by Propert   |
| Exar                                    | mples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:   |              | who has an interest in the property? Cheone.  Debtor 1 only  | eeck Do not deduct secured the amount of any seci  | ured claims on Schedule<br>aims Secured by Propert   |
| Exar                                    | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only   | eck  Do not deduct secured the amount of any secured the Creditors Who Have Cl.  Current value of the  | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the   |
| Exar                                    | mples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | eeck Do not deduct secured the amount of any seci  | ured claims on Schedule<br>aims Secured by Propert   |
| Exar                                    | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another   | Do not deduct secured the amount of any secured the amount of the the current value of the entire property?  | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the   |
| Exar                                    | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured the amount of any secured the amount of the the current value of the entire property?  | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the   |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (   | Do not deduct secured the amount of any secured the amount of any secured the amount of the current value of the entire property?  | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the   |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                      |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another instructions)   | Do not deduct secured the amount of any sect Creditors Who Have Cl.  Current value of the entire property?  (see  Do not deduct secured the amount of any sect t | claims or Schedule of the portion you own?   |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make                                |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (instructions)  Who has an interest in the property? Che  | Do not deduct secured the amount of any sect Creditors Who Have Cl.  Current value of the entire property?  (see  Do not deduct secured the amount of any sect t | ured claims on Schedule aims Secured by Propert Current value of the portion you own?  claims or exemptions. F   |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                        |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property? Che one.  Who has an interest in the property? Che one.  | Do not deduct secured the amount of any secured the amount of the entire property?  See  Do not deduct secured the amount of any secured the amount  | ured claims on Schedule aims Secured by Propert Current value of the portion you own?  claims or exemptions. F ured claims on Schedule aims Secured by Propert |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another instructions)  Who has an interest in the property? Che one.  Debtor 1 and Debtor 2 only  At least one of the debtors and another instructions)  Check if this is community property (one.  Debtor 1 only   | Do not deduct secured the amount of any sect Creditors Who Have Cl.  Current value of the entire property?  (see  Do not deduct secured the amount of any sect t | claims or Schedule of the portion you own?   |
| 4.1                                     | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year:                       |              | who has an interest in the property? Che one.  Debtor 1 and Debtor 2 only  At least one of the debtors and another instructions)  Who has an interest in the property? Che one.  Debtor 2 only  Debtor 3 and Debtor 4 only  Check if this is community property (instructions)  Who has an interest in the property? Che one.  Debtor 1 only  Debtor 2 only  Debtor 2 only     | Do not deduct secured the amount of any secured the amount of any secured the entire property?  See  Do not deduct secured the amount of any secured | claims or exemptions. For claims or exemptions. For claims or exemptions. For claims Secured by Propert Current value of the portion you own?                  |
| 4.1                                     | mples: Boats, trailers, motors  No  Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |              | who has an interest in the property? Che one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (instructions)  Who has an interest in the property? Che one. Debtor 2 only Debtor 3 only Debtor 4 this is community property (instructions)  Who has an interest in the property? Che one. Debtor 1 only Debtor 2 only | Do not deduct secured the amount of any secured the entire property?  See  Do not deduct secured the amount of any secured the entire property?  | claims or exemptions. For claims or exemptions. For claims or exemptions. For claims Secured by Propert Current value of the portion you own?                  |

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods and Furniture \$550.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Consumer Electronics (flatscreen, cellphone, etc.) \$330.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$255.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1135.00 for Part 3. Write that number here .....

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: **RUSH Prepaid Debit** \$350.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 James             |  | Oaks                        | Case number (if known)                      |  |
|------|-------------------------|--|-----------------------------|---|--|
|      | First Name              | Middle Name  | Last Name                   |   |  |
| 20.  | Negotiable instruments  | porate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe assuer name: | checks, promissory no       | tes, and money orders.                      |  |
|      |                         | _  |                             |   |  |
| 21.  |                         |  | ), thrift savings accounts  | s, or other pension or profit-sharing plans |  |
|      | ✓ No                    | Type of account:   | Institution name:           |   |  |
|      | Yes. List each account  | 401(k) or similar plan:  |                             |   |  |
|      | separately.             | Pension plan:  |                             |   |  |
|      |                         | IRA:   |                             |   |  |
|      |                         | Retirement account:  |                             |   |  |
|      |                         | Keogh:   |                             |   |  |
|      |                         | Additional account:  |                             |   |  |
|      |                         | Additional account:  | -                           |   |  |
| 22.  |                         | prepayments d deposits you have made so that with landlords, prepaid rent, public Electric:                      |                             |   |  |
|      |                         | Gas:   |                             |   |  |
|      |                         | Heating oil:   |                             |   |  |
|      |                         | Security deposit on rental unit:   |                             |   |  |
|      |                         | Prepaid rent:  |                             |   |  |
|      |                         | Telephone:   |                             |   |  |
|      |                         | Water:   |                             |   |  |
|      |                         | Rented furniture:  |                             |   |  |
|      |                         | Other:   |                             |   |  |
| 23.  | Annuities (A contract f | or a periodic payment of money to  | you, either for life or for | r a number of years)                        |  |
|      | ✓ No  Yes               | Issuer name and description:   |                             |   |  |
|      |                         |  |                             |   |  |
|      |                         |  |                             |   |  |
|      |                         |  |                             |   |  |

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| Debto | or 1 James   | AC.111   | Oaks  | Case number (if known)  |   |
|-------|--|--|---|---|---|
|       | First Name   | Middle   |   |   |   |
| 24.   |  | education IRA, in an acc<br>0(b)(1), 529A(b), and 529  |   | under a qualified state tuition program.  |   |
|       | ✓ No<br>Yes  | stitution name and descri  | iption. Separately file the records of any i                                      | nterests.11 U.S.C. § 521(c):  |   |
|       | _  |  |   |   |   |
| 0.5   | <del>-</del>   |  |   | . P A) and Salar and a  |   |
| 25.   | exercisable for  |  | property (other than anything listed i  | n line 1), and rights or powers   |   |
|       | ✓ No  Yes. Describ   | e  |   |   |   |
| 26.   |  |  | secrets, and other intellectual properties, proceeds from royalties and licensing |   |   |
|       | ✓ No  Yes. Describ   |  |   |   |   |
|       |  |  |   |   |   |
| 27.   |  | hises, and other genera<br>ng permits, exclusive licen   | I intangibles nses, cooperative association holdings, li                          | quor licenses, professional licenses  |   |
|       | No No Describ  | •  |   |   |   |
|       | Yes. Describ   | e  |   |   |   |
|       | •  |  |   |   |   |
| Mon   | ey or property   | owed to you?   |   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                    |
|       | ey or property  Tax refunds owe  |  |   |   | portion you own? Do not deduct secured  |
|       |  |  |   |   | portion you own? Do not deduct secured  |
|       | Tax refunds owe  ☐ No  ✓ Yes. Give spe   | d to you   | 2016 Anticipated  | Federal:  | portion you own? Do not deduct secured  |
|       | Tax refunds owe  No Yes. Give spe about ti you alre  | d to you<br>ecific information<br>hem, including whether<br>eady filed the returns   | 2016 Anticipated  | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds owe  No Yes. Give speabout to you alread and the   | d to you ecific information hem, including whether   | 2016 Anticipated  |   | portion you own? Do not deduct secured claims or exemptions.  \$5400.00   |
| 28.   | Tax refunds owe  No Yes. Give spe about ti you aire and the  Family support  Examples: Past di   | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$5400.00  \$0.00                                       |
| 28.   | Tax refunds owe  No Yes. Give speabout ti you alreand the  Family support  Examples: Past di   | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$5400.00  \$0.00                                       |
| 28.   | Tax refunds owe  No Yes. Give speabout ti you alreand the  Family support  Examples: Past di   | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:  Local: ance, divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$5400.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds owe  No Yes. Give speabout ti you alreand the  Family support  Examples: Past di   | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:  Local:  ance, divorce settlement, property settlement  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$5400.00  \$0.00  t  \$0.00                            |
| 28.   | Tax refunds owe  No Yes. Give speabout ti you alreand the  Family support  Examples: Past di   | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:  Local:  ance, divorce settlement, property settlement  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$5400.00 \$0.00  t  \$0.00 \$0.00                      |
| 29.   | Tax refunds owe  No Yes. Give speabout to you alread the second s | d to you  ecific information hem, including whether eady filed the returns tax years   | ,   | State:  Local:  ance, divorce settlement, property settlement  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$5400.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.   | Tax refunds owe  No Yes. Give speabout till you alreand the samples: Past die of the speabout till you alreand the samples: Past die of the speabout till you alreand the samples: Other amounts samples: Unpaid   | d to you  ceific information hem, including whether eady filed the returns tax years   | ,   | State: Local:  ance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$5400.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owe  No Yes. Give speabout till you alreand the samples: Past die of the speabout till you alreand the samples: Past die of the speabout till you alreand the samples: Other amounts samples: Unpaid   | d to you  ceific information hem, including whether eady filed the returns tax years   | spousal support, child support, mainten   | State: Local:  ance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$5400.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owe  No Yes. Give speabout to you alread the second th | d to you  ecific information hem, including whether eady filed the returns tax years  ue or lump sum alimony, ecific information  someone owes you d wages, disability insuran Security benefits; unpaid | spousal support, child support, mainten   | State: Local:  ance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$5400.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 James                                      |                           | Oaks   | Case number (if known)                       |  |
|------|--|---------------------------|--|--|--|
|      | First Name                                       | Middle Name               | e Last Name  |  |  |
| 31.  | Interests in insurance Examples: Health, disab   |                           | ealth savings account (HSA); credit,                                 | homeowner's, or renter's insurance           |  |
|      | No Yes. Name the insu of each policy and         |                           | Company name:  | Beneficiary:                                 | Surrender or refund value:   |
| 32.  | If you are the beneficiary property because some | of a living trust, expect | n someone who has died<br>proceeds from a life insurance poli        | cy, or are currently entitled to receive     | 1  |
| 33.  | Examples: Accidents, er                          |                           | you have filed a lawsuit or made<br>surance claims, or rights to sue | e a demand for payment                       |  |
| 34.  |  | unliquidated claims o     | f every nature, including counte                                     | claims of the debtor and rights              |  |
|      | v No Yes. Describe                               |                           |  |  |  |
| 35.  | Any financial assets y                           | ou did not already list   |  |  |  |
|      | Yes. Describe                                    |                           |  |  |  |
| 36.  |  | -                         | m Part 4, including any entries f                                    |  | \$5750.00  |
| Part | _  |                           |  | nterest In. List any real estate in Pa       | art 1.   |
| 37.  | Do you own or have a                             | ny regat or equitable in  | nterest in any business-related p                                    | roperty?                                     |  |
|      | No. Go to Part 6. Yes. Go to line 38.            |                           |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable of No Yes. Describe          | or commissions you al     | ready earned   |  |  |
| 39.  |  |                           | e, modems, printers, copiers, fax m                                  | achines, rugs, telephones, desks, chairs, ek | ectronic devices   |
|      | Yes. Describe                                    |                           |  |  |  |
|      |  |                           |  |  |  |

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| Deb      | tor 1 James                          | Oaks Case number (if known)  |  |
|----------|--------------------------------------|--|--|
|          | First Name                           | Middle Name Last Name  |  |
| 40.      | Machinery, fixtures, eq              | quipment, supplies you use in business, and tools of your trade  |  |
|          | <b>✓</b> No                          |  |  |
|          | Yes. Describe                        |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
| 41.      | Inventory                            |  |  |
|          | <b>✓</b> No                          |  |  |
|          | Yes. Describe                        |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
| 42.      | Interests in partnership             | ps or joint ventures   |  |
|          | ✓ No                                 |  |  |
|          |                                      | Name of entity: % of ownership:  |  |
|          | Yes. Give specific information about |  |  |
|          | them                                 |  | <del></del>                                    |
|          |                                      | - <del></del>  |  |
|          |                                      |  |  |
| 43       | Customer lists, mailing l            | lists, or other compilations   | <del></del>                                    |
|          | _                                    |  |  |
|          | <b>✓</b> No                          |  |  |
|          | Yes. Do your lists in                | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  |  |
|          | ☐ No                                 |  |  |
|          | Yes. Descril                         | iha  |  |
|          | l les. Descri                        | De   |  |
| 44.      | Any business-related p               | property you did not already list  |  |
|          | —                                    |  |  |
|          | ✓ No                                 |  | <del></del>                                    |
|          | Yes. Give specific information       |  |  |
|          | iiiioiiiiauoii                       |  | <del></del>                                    |
|          |                                      |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
|          |                                      |  |  |
| 45. A    | dd the dollar value of al            | Il of your entries from Part 5, including any entries for pages you have attached                                      |  |
|          |                                      | r here   |  |
| <u> </u> | D                                    |  |  |
| Pari     |                                      | rm- and Commercial Fishing-Related Property You Own or Have an Interest In<br>interest in farmland, list it in Part 1. |  |
|          |                                      |  |  |
| 46.      | Do you own or have an                | ny legal or equitable interest in any farm- or commercial fishing-related property?                                    |  |
|          | No. Go to Part 7.                    |  | Current value of the                           |
|          | Yes. Go to line 47.                  |  | portion you own?  Do not deduct secured claims |
|          |                                      |  | or exemptions                                  |
| 47.      | Farm animals                         |  |  |
|          | Examples: Livestock, po              | oultry, farm-raised fish   |  |
|          | <b>√</b> No                          |  |  |
|          | Yes. Describe                        |  |  |
|          |                                      |  |  |
|          |                                      |  |  |

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| Deb <sup>-</sup> | tor 1 James                 | Middle Neme                          | Uaks<br>Lost Nome        | Case number (if known)         |             |
|------------------|-----------------------------|--------------------------------------|--------------------------|--------------------------------|-------------|
|                  | First Name                  | Middle Name                          | Last Name                |                                |             |
| 48.              | Crops-either growing o      | r harvested                          |                          |                                |             |
|                  | <b>✓</b> No                 |                                      |                          |                                |             |
|                  | Yes. Describe               |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| 40               |                             |                                      |                          |                                |             |
| 49.              | Farm and fishing equip      | ment, implements, machinery, fixto   | ures, and tools of trade |                                |             |
|                  | <b>✓</b> No                 |                                      |                          |                                |             |
|                  | Yes. Describe               |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| 50.              | Farm and fishing suppli     | ies, chemicals, and feed             |                          |                                |             |
| 00.              |                             | ics, chemicals, and iccu             |                          |                                |             |
|                  | ✓ No                        |                                      |                          |                                |             |
|                  | Yes. Describe               |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| 51.              | Any farm- and commer        | cial fishing-related property you di | d not already list       |                                |             |
|                  | No No                       |                                      |                          |                                |             |
|                  | Yes. Describe               |                                      |                          |                                |             |
|                  | L Tes. Describe             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| 52 A             | dd tha dallar valua of all  | of your entries from Part 6, includ  | ing any entries for page | ne you have attached           |             |
|                  |                             | here                                 |                          | -                              | <u> </u>    |
| •                |                             |                                      |                          | L                              | _           |
|                  |                             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| Part             | 7: Describe All Prop        | perty You Own or Have an Inte        | rest in That You Did     | Not List Above                 |             |
| 53.              |                             | erty of any kind you did not alread  | y list?                  |                                |             |
|                  | Examples: Season tickets    | , country club membership            |                          |                                |             |
|                  | ✓ No                        |                                      |                          |                                |             |
|                  | Yes. Give specific          |                                      |                          |                                |             |
|                  | information                 |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| 54. A            | dd the dollar value of all  | of your entries from Part 7. Write   | that number here         |                                | <u> </u>    |
|                  |                             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
|                  |                             |                                      |                          |                                |             |
| D. d             | list the Totals of          | Each Part of this Form               |                          |                                |             |
| Part             | Eist the Totals of          | Each Part of this Form               |                          |                                | i i         |
| 55. <b>I</b>     | Part 1: Total real estate,  | line 2                               |                          |                                |             |
|                  | ·                           |                                      |                          |                                |             |
| 56.              | oart 2 total vehicles, line | 5                                    |                          | <u> </u>                       |             |
| 57. <b>P</b>     | art 3: Total personal and   | d household items, line 15           | \$1135.00                |                                |             |
| 58 <b>P</b>      | art 4: Total financial ass  | sets. line 36                        |                          | <del>_</del>                   |             |
|                  |                             |                                      | \$5750.00                | _                              |             |
| 59. <b>I</b>     | Part 5: Total business-re   | lated property, line 45              |                          | <u>_</u>                       |             |
| 60. <b>I</b>     | Part 6: Total farm- and fi  | shing-related property, line 52      |                          |                                |             |
| 61. <b>I</b>     | Part 7: Total other prope   | erty not listed, line 54             | -                        | _                              |             |
|                  |                             |                                      |                          |                                |             |
| 62.              | ι οται personal property.   | Add lines 56 through 61              | \$6885.00                |                                | + \$6885.00 |
|                  |                             |                                      |                          | Copy personal property total ► |             |
|                  |                             |                                      |                          |                                | \$6885.00   |
| 63. <b>T</b>     | otal of all property on So  | chedule A/B. Add line 55 + line 62   |                          |                                |             |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | James                     |             | Oaks                 |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)              |  |  |  |  |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | m as Exempt   |   |                                    |
|----|---|---|---|------------------------------------|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ven if your spouse is filing with you.  |                                    |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |
| 2. | For any property you list on Schedule A   | N/B that you claim as e   | exempt, fill in the information below.  |                                    |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |
|    |   | Schedule A/B  |   |                                    |
|    | Brief   | \$350.00  |   | 735 ILCS 5/12-1001(b)              |
|    | description: Other financial account, RUSH Prepaid Debit                            | \$330.00  | \$350.00 100% of fair market value, up to any   | _                                  |
|    | Line from Schedule A/B: 17  |   | applicable statutory limit  |                                    |
|    | Brief   |   |   | 735 ILCS 5/12-1001(b)              |
|    | description:  | \$550.00  | \$550.00  |                                    |
|    | Misc. Household Goods and Furniture   |   | 100% of fair market value, up to any  | _                                  |
|    | Line from Schedule A/B: 06  |   | applicable statutory limit  |                                    |
| 3. | <b>✓</b> No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |

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| Debtor 1      | James   | C   | Daks                                | Case number (if known)                            |                                    |
|---------------|---|---|-------------------------------------|---|------------------------------------|
|               | First Name Midd   | dle Name Li   | ast Name                            |   |                                    |
| Part 2:       | Additional Page   |   |                                     |   |                                    |
| line          | f description of the property and<br>on Schedule A/B that lists this<br>perty | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exem                  |   | Specific laws that allow exemption |
| Brief         |   | 00//044/07/2  |                                     |   | 735 ILCS 5/12-1001(a)              |
| desc          | eription:  Used Clothing  from edule A/B: 11                                  | \$255.00  | 100% of fair ma<br>applicable statu | \$255.00<br>Irket value, up to any<br>Itory limit | -                                  |
| Brief<br>desc | ription:  | \$330.00  | <b>V</b>                            | <b>#</b> 000 00                                   | 735 ILCS 5/12-1001(b)              |
|               | Misc. Consumer<br>Electronics (flatscreen,<br>cellphone, etc.)                |   | <u> </u>                            | \$330.00<br>urket value, up to any<br>utory limit | -                                  |
|               | from<br>edule A/B: 07   |   |                                     |   |                                    |
| Brief         | ription:  | \$5,400.00  | <b>7</b>                            |   | 735 ILCS 5/12-1001(b)              |
|               | Federal, 2016<br>Anticipated  |   | 100% of fair ma                     | \$2,770.00<br>rket value, up to any               | _                                  |
|               | from<br>edule A/B: 28   |   | applicable statu                    | itory limit                                       |                                    |

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| Fill in this info         | ormation to identify your ca     | ase:                          |  |   |  |                                    |
|---------------------------|----------------------------------|-------------------------------|--|---|--|------------------------------------|
| Debtor 1                  | James                            |                               | Oaks   |   |  |                                    |
|                           | First Name                       | Middle Name                   | Last Name  |   |  |                                    |
| Debtor 2                  |                                  |                               |  |   |  |                                    |
| (Spouse, if filing)       | First Name                       | Middle Name                   | Last Name  |   |  |                                    |
| United States             | Bankruptcy Court for the:        | Northern                      | District of Illinois   |   |  |                                    |
|                           |                                  |                               | (State)  |   |  |                                    |
| Case number<br>(If known) | r                                |                               |  |   |  |                                    |
| Official                  | Form 106D                        |                               |  |   |  | Check if this is an amended filing |
| Sched                     | ule D: Credit                    | ors Who Ha                    | ve Claims Secur  | ed by Prop  | erty                                       | 12/15                              |
| more space i              |                                  |                               | e are filing together, both are equester the entries, and attach it to                                   |   |  |                                    |
| 1. Do any                 | creditors have claims s          | ecured by your proper         | ty?  |   |  |                                    |
| <b>✓</b> No               | . Check this box and subr        | nit this form to the court v  | with your other schedules. You ha  | ve nothing else to repo   | ort on this form.                          |                                    |
| Yes                       | s. Fill in all of the informatio | n below.                      |  |   |  |                                    |
| Part 1: Lis               | t All Secured Claims             |                               |  |   |  |                                    |
| for each                  |                                  | ditor has a particular claim, | red claim, list the creditor separately list the other creditors in Part 2. As g to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports | Column C Unsecured portion If any  |

this claim

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| E-11 ·                | . 11.1.1.6.  |  |  |  |  |  |   |   |
|-----------------------|--|--|--|--|--|--|---|---|
| HIIII                 | n this intor   | mation to identify your c  | ase:   |  |  |  |   |   |
| Deb                   | tor 1  | James  |  | Oaks   |  |  |   |   |
|                       |  | First Name   | Middle Name  | Last Name  |  |  |   |   |
|                       | tor 2  |  |  |  |  |  |   |   |
| (Spo                  | use, if filing)  | First Name   | Middle Name  | Last Name  |  |  |   |   |
| Unit                  | ed States E  | ankruptcy Court for the:   | Northern   | District of Illinois   |  |  |   |   |
|                       |  | , ,  |  | (State)  |  |  |   |   |
| Cas<br>(If knd        | e number   |  |  |  |  |  |   |   |
|                       | *  | orm 106E/F   |  |  |  | Ch   | eck if this is a                                  | n amended filing                                  |
|                       |  |  |  |  |  |  |   |   |
| Sc                    | chedu  | ıle E/F: Cre   | ditors Who   | <b>Have Uns</b>  | ecured Claims  |  |   | 12/15   |
| othe<br>Form<br>clain | r party to a<br>n 106A/B) a<br>ns that are<br>entries in t<br>vn). | any executory contracts<br>and on <i>Schedule G: Exe</i><br>listed in <i>Schedule D: C</i> | s or unexpired leases that<br>cutory Contracts and Uni-<br>creditors Who Hold Claims<br>tach the Continuation Pa | t could result in a cla<br>expired Leases (Offici<br>s Secured by Property         | nims and Part 2 for creditors wi<br>m. Also list executory contracts<br>al Form 106G). Do not include a<br>c. If more space is needed, copy<br>ne top of any additional pages, v | s on <i>Sched</i><br>iny credito<br>the Part y | dule A/B: Pro<br>ors with partia<br>ou need, fill | perty (Official<br>ally secured<br>it out, number |
| 1.                    |  | reditors have priority un<br>Go to Part 2.   | secured claims against y   | ou?  |  |  |   |   |
| 2.                    | listed, ider<br>As much a<br>Continuat                             | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor  | is. If a claim has both priori   | ty and nonpriority amou<br>ding to the creditor's na<br>particular claim, list the |  | both priori                                    | ty and nonprid                                    | ority amounts.                                    |
|                       |  |  |  |  |  | Total  | Priority  | Nonpriority                                       |

claim

amount

amount

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| Debtor                                  | 1 James<br>First Name   | Middle Name   | Oaks<br>Last Name   | Case number (if known)   |                   |
|---|---|---|---|--|-------------------|
| Part 2:                                 | <b>.</b>  |   |   |  |                   |
| 3. Do  4. Lis  un  If r                 | any creditors have nonprior  No. You have nothing to re  Yes.  It all of your nonpriority unsesecured claim, list the creditor s  | ity unsecured claims port in this part. Subn cured claims in the a eparately for each claim | against you?  nit this form to the  Iphabetical orde  I. For each claim lie | e court with your other schedules.  Frof the creditor who holds each claim. If a creditor has more sted, identify what type of claim it is. Do not list claims already in Part 3. If you have more than four priority unsecured claims fill ou   | cluded in Part 1. |
| ıα                                      | 30 01 1 alt 2.  |   |   |  | Total claim       |
| <u> </u>                                | AFNI, INC. Nonpriority Creditor's Name PO Box 3517 Number Street  |   |   | Last 4 digits of account number 0080  When was the debt incurred? 6/2016  As of the date you file, the claim is: Check all that apply.   | \$123.00          |
|   | Bloomington Illing City Stat Who incurred the debt? Chec ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relates the claim subject to offset? ✓ No Yes   | e Zip C<br>k one.<br>,<br>and another<br>es to a community del                              | Code  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  On Collection; Collecting for ORIGINAL CREDITOR: Other. Specify  |                   |
|   | AMERICOLLECT INC<br>Nonpriority Creditor's Name   |   |   | Last 4 digits of account number 4574   | \$367.00          |
|   | PO BOX 1566<br>Number Street  | k one.  and another  s to a community del   | 21<br>Code  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA |                   |
| - · · · · · · · · · · · · · · · · · · · | City of Chicago Department of Interpretation of | ois 6060<br>te Zip C<br>k one.<br>,<br>,<br>and another<br>es to a community del            | 02<br>Code  | When was the debt incurred?  | \$5,000.00        |

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Debtor 1 James Oaks Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                                | on Page   |             |  |  |  |
|--------|---|---|-------------|--|--|--|
|        | After listing any entries on this page, number them beginning                   | with 4.5, followed by 4.6, and so forth.  | Total claim |  |  |  |
| 4.4    | I C SYSTEM INC  | — Last 4 digits of account number 7678  | \$256.00    |  |  |  |
|        | Nonpriority Creditor's Name<br>PO BOX 64378                                     | When was the debt incurred? 3/2016  |             |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        |   | Contingent  |             |  |  |  |
|        | SAINT PAUL Minnesota 55164  | Unliquidated  |             |  |  |  |
|        | City State Zip Code  Who incurred the debt? Check one.                          | Disputed  |             |  |  |  |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 2 only   | Student loans   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |  |  |  |
|        | At least one of the debtors and another   | divorce that you did not report as priority claims  |             |  |  |  |
|        | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |
|        | Is the claim subject to offset?   | 001 Collection; Collecting for  |             |  |  |  |
|        | <b>✓</b> No   | Other. Specify ORIGINAL CREDITOR: RCN   |             |  |  |  |
|        | Yes   |   |             |  |  |  |
| 4.5    | Illinois Department of Unemployment   | Last 4 digits of account number   | \$1.00      |  |  |  |
|        | Nonpriority Creditor's Name<br>4519 W Main St                                   | When was the debt incurred? n/a   |             |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        |   | — Contingent  |             |  |  |  |
|        | Belleville Illinois 62226   | Unliquidated  |             |  |  |  |
|        | City State Zip Code   | Disputed  |             |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 2 only   | Student loans   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |  |  |  |
|        | At least one of the debtors and another   | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |  |  |  |
|        | 느   | debts   |             |  |  |  |
|        | Check if this claim relates to a community debt Is the claim subject to offset? | Other. Specify Notice Only  |             |  |  |  |
|        | No  |   |             |  |  |  |
|        | Yes   |   |             |  |  |  |
| 4.6    | Illinois Dept of Human Services Public Aide                                     |   | \$600.00    |  |  |  |
| 7.0    | Nonpriority Creditor's Name   | Last 4 digits of account number   | Ψ000.00     |  |  |  |
|        | 160 North Lasalle St. Suite N-1000<br>Number Street                             | When was the debt incurred?n/a  |             |  |  |  |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        |   | Contingent  |             |  |  |  |
|        | Chicago Illinois 60601  | Unliquidated  |             |  |  |  |
|        | City State Zip Code  Who incurred the debt? Check one.                          | Disputed  |             |  |  |  |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 2 only   | Student loans  Obligations origing out of a consertion agreement or   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |  |  |  |
|        | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|        | Check if this claim relates to a community debt                                 | debts  Other. Specify  Overpayment of Benefits  |             |  |  |  |
|        | Is the claim subject to offset?   | <u> </u>  |             |  |  |  |
|        | ✓ No  |   |             |  |  |  |
|        | Yes   |   |             |  |  |  |

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 \$23,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 5609 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **GREENVILLE** 75403 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ✓ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes VIRTUOSO SOURCING GROU \$309.00 4.8 4470 Last 4 digits of account number \_ Nonpriority Creditor's Name 4/2014 When was the debt incurred? 4500 E CHERRY CREEK SOUT Number Street As of the date you file, the claim is: Check all that apply. Contingent **DENVER** 80246 Colorado Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection; Collecting for Is the claim subject to offset? **✓** 

Other. Specify

ORIGINAL CREDITOR: MEDICAL

PAYMENT DATA

**✓** No

☐ Yes

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Arnold Scott Harris On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check 111 W. Jackson # 600 Line 4.3 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Chicago Illinois 60604 Last 4 digits of account number City State Zip Code US Depart of ED/GLELSI On which entry in Part 1 or Part 2 did you list the original creditor? 2401 International of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured 53704 Madison Wisconsin Last 4 digits of account number Zip Code US DEPARTMENT OF EDU On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check Po Box 105028 Line 4.7 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Atlanta Georgia 30348 Last 4 digits of account number City Zip Code State NAVIENT SOLUTIONS INC

On which entry in Part 1 or Part 2 did you list the original creditor?

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured

of (Check

one):

Last 4 digits of account number

1002 ARTHUR DR

Street

Florida

State

32444

Zip Code

Number

City

LYNN HAVEN

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Debtor 1 James Oaks Case number (if known)

| First Nar                | me Middle Name Last Name  |         |                           |        |
|--------------------------|---|---------|---------------------------|--------|
| Part 4: Add th           | ne Amounts for Each Type of Unsecured Claim   |         |                           |        |
|                          | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.   | s for s | tatistical reporting purp | oses o |
|                          |   |         | Total claims              |        |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00                    |        |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00                    |        |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00                    |        |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 |         | \$0.00                    |        |
|                          |   |         | \$0.00                    |        |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e.     |                           |        |
|                          |   |         | Total claims              |        |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$23,000.00               |        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00                    |        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00                    |        |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write  | 6i.     | \$6,656.00                |        |
|                          | that amount here.   |         |                           | _      |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$29,656.00               |        |

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| Fill in this information to identify your case: |            |             |                              |  |  |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1  | James      |             | Oaks                         |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |
| Debtor 2  |            |             |                              |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |            |             | (Otato)                      |  |  |

#### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or compa           | ny with whom you have | the contract or lease | State what the contract or lease is for                                       |
|---------------------------|-----------------------|-----------------------|---|
| Northpoint Apartm<br>Name | ents                  |                       | Residential Lease,<br>Debtor is Lessor,<br>Apartment Lease for Term of 1 Year |
| 7719 N. Paulina           |                       |                       |   |
| Number                    | Street                |                       |   |
| Chicago                   | Illinois              | 60626                 |   |
| City                      | State                 | Zip Code              |   |

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|       |                           |  | Do  | cument rage              | 30 01 07               |   |
|-------|---------------------------|--|---|--------------------------|------------------------|---|
| Filli | n this infor              | mation to identify your o                | case:   |                          |                        |   |
| Deb   | otor 1                    | James<br>First Name                      | Middle Name   | Oaks<br>Last Name        |                        |   |
|       | otor 2<br>use, if filing) | First Name                               | Middle Name   | Last Name                |                        |   |
| Unit  | ted States E              | Bankruptcy Court for the:                | Northern  | District of Illinois     |                        |   |
|       | e number                  |  |   | (State)                  |                        |   |
| Of    |                           | Form 106H                                |   |                          |                        | Check if this is ar amended filing                |
| Sc    | hedul                     | e H: Your Co                             | debtors   |                          |                        | 12/15   |
|       | vn). Answe                | r every question.                        | ou are filing a joint case, do  |                          |                        | es, write your name and case number (if           |
| 2.    | Idaho, Lou<br>No. 0       | uisiana, Nevada, New Me<br>Go to line 3. | lived in a community pro<br>xico, Puerto Rico, Texas, W<br>er spouse, or legal equiva | ashington, and Wisconsir | n.)                    | ates and territories include Arizona, California, |
|       |                           | Yes. In which communi                    | ty state or territory did you   | ı live?                  | Fill in the name and c | urrent address of that person.                    |
|       |                           | Name of your spouse,                     | former spouse, or legal equ   | ivalent                  |                        |   |
|       |                           | Number Street                            |   |                          |                        |   |
|       |                           | City                                     | State   | Zip Co                   | de                     |   |
| 3.    |                           | •  | •   | •                        |                        | ith you. List the person shown in line 2          |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|  | 20.  | 001110111                | . ago <b>0</b> =     | o. <b>o</b> . |   |
|--|--|--------------------------|----------------------|---------------|---|
| Fill in this information to identify   | your case:   |                          |                      |               |   |
| Debtor 1 James   |  | Oaks                     |                      |               |   |
| First Name   | Middle Name  | Last N                   | ame                  | - Che         | eck if this is:   |
| Debtor 2 (Spouse, if filing) First Name  | Middle News  | L a at N                 |                      | -   🗖         | An amended filing   |
|  | Middle Name  | Last N                   |                      |               | A supplement showing post-petition chapter 1  |
| United States Bankruptcy Court for the: Case number  | Northern   | _ District of Illi<br>(S | nois<br>tate)        |               | expenses as of the following date:  |
| (If known)   |  |                          |                      | -             | MM / DD / YYYY  |
| Official Form 106I   |  |                          |                      |               |   |
| Schedule I: Your In  | come   |                          |                      |               | 12/1  |
| information about your spouse.   | If you are separated and<br>I, attach a separate she<br>ry question. | d your spous             | se is not filing     | with you, do  | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case               |
| Fill in your employment information.   |  | Debtor 1                 |                      |               | Debtor 2  |
|  | Employment status  | <b>✓</b> Emplo           | ved                  |               | Employed  |
| If you have more than one job, attach a separate page with information about additional        |  |                          | nployed              |               | Not Employed  |
| employers.  Include part time, seasonal, or  | Occupation   |                          |                      |               |   |
| self-employed work.  | Employer's name  | Home Dep                 | o USA Inc            |               |   |
| Occupation may include student or homemaker, if it applies.                                    | Employer's address   | 2455 Pace<br>Number Str  | es Ferry Road<br>eet |               | Number Street   |
|  |  | <br>Atlanta              | Georgia              | 30339         |   |
|  |  | City                     | State                | Zip Code      | City State Zip Code   |
|  | How long employed there?   |                          |                      |               |   |
| Part 2: Give Details About I   | Monthly Income   |                          |                      |               |   |
| spouse unless you are separated.   | e more than one employer,  | -                        | information for a    | -             | write \$0 in the space. Include your non-filing or that person on the lines below. If you need  For Debtor 2 or non-filing spouse |
| <ol> <li>List monthly gross wages, sal<br/>deductions.) If not paid monthly<br/>be.</li> </ol> |  |                          | 2.                   | \$1,757.45    |   |
| 3. Estimate and list monthly ove   | rtime pay.   |                          | 3                    | + \$0.00      |   |
| 4. Calculate gross income. Add   | ine 2 + line 3.  |                          | 4.                   | \$1,757.45    |   |

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| Debto                 | r 1James<br>First Name  |  | Daks<br>.ast Name | Case number           | r <i>(if</i>                      |                         |  |
|-----------------------|---|--|-------------------|-----------------------|-----------------------------------|-------------------------|--|
|                       | THO THAIN   | inidalo Nanto L  |                   | For Debtor 1          | For Debtor 2 or non-filing spouse |                         |  |
| Сор                   | y line 4 here   |  | <b>→</b> 4.       | \$1,757.45            |                                   |                         |  |
| 5. List               | all payroll ded   |  |                   |                       |                                   |                         |  |
| 5a.                   | Tax, Medicare,  | and Social Security deductions   | 5a.               | \$163.17              |                                   |                         |  |
| 5b.                   | Mandatory cor   | tributions for retirement plans  | 5b.               | \$0.00                |                                   |                         |  |
| 5c.                   | Voluntary cont  | ributions for retirement plans   | 5c.               | \$70.31               |                                   |                         |  |
| 5d.                   | Required repay  | yments of retirement fund loans  | 5d.               | \$0.00                |                                   |                         |  |
| 5e.                   | Insurance   |  | 5e.               | \$29.71               |                                   |                         |  |
| 5f. l                 | Domestic supp   | ort obligations  | 5f.               | \$0.00                |                                   |                         |  |
| 5g.                   | Union dues  |  | 5g.               | \$0.00                |                                   |                         |  |
| 5h.                   | Other deduction   | ons. Specify:  | 5h. +             | \$0.00 +              |                                   |                         |  |
| 6. <b>Add</b><br>+5h. | the payroll de  | <b>ductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f  | + 5g 6.           | \$263.18              |                                   |                         |  |
| 7. Cald               | culate total mo   | nthly take-home pay. Subtract line 6 from line   | 4. 7. <u>-</u>    | \$1,494.26            |                                   |                         |  |
| 8. List               | all other incon   | ne regularly received:   |                   |                       |                                   |                         |  |
|                       | business, profe<br>Attach a stateme   | m rental property and from operating a ession, or farm ent for each property and business showing ordinary and necessary business expenses, and  |                   |                       |                                   |                         |  |
|                       | the total monthl  |  | 8a                | \$0.00                |                                   |                         |  |
| 8b.                   | Interest and di   | vidends  | 8b.               | \$0.00                |                                   |                         |  |
|                       | Family support dependent reg  | payments that you, a non-filing spouse, or a ularly receive  | a                 |                       |                                   |                         |  |
|                       |   | , spousal support, child support, maintenance, nt, and property settlement.  | 8c                | \$0.00                |                                   |                         |  |
| 8d.                   | Unemployment  | t compensation   | 8d                | \$0.00                |                                   |                         |  |
| 8e.                   | Social Security   | ,  | 8e                | \$0.00                |                                   |                         |  |
|                       | Include cash ass<br>cash assistance   | ent assistance that you regularly receive<br>istance and the value (if known) of any non-<br>that you receive, such as food stamps (benefits<br>emental Nutrition Assistance Program) or<br>es |                   |                       |                                   |                         |  |
|                       |   |  | 8f                | \$0.00                |                                   |                         |  |
| 8g.                   | Pension or ret  | rement income  | 8g                | \$0.00                |                                   |                         |  |
|                       |   | income. Specify:<br>Tax Return Distributed over 12 Months  | 8h. + _           | \$450.00 +            |                                   |                         |  |
| 9. <b>Add</b>         | all other incon   | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +   | · 8h. 9.          | \$450.00              |                                   |                         |  |
|                       |   | income. Add line 7 + line 9. se 10 for Debtor 1 and Debtor 2 or non-filing sp  | 10.               | \$1,944.26 +          | =                                 | \$1,944.26              |  |
| Incl<br>frier         | lude contribution<br>nds or relatives.  | gular contributions to the expenses that you is from an unmarried partner, members of your amounts already included in lines 2-10 or amou  | household, your d | ependents, your roomn |                                   |                         |  |
| Spe                   | ecify:  |  |                   |                       | 1                                 | 11. + \$0.00            |  |
|                       |   | n the last column of line 10 to the amount in<br>n the Summary of Schedules and Statistical Sur  |                   |                       |                                   | \$1,944.26              |  |
|                       |   |  |                   |                       |                                   | Combined monthly income |  |
| 13. <b>Do</b>         | 3. Do you expect an increase or decrease within the year after you file this form?  No. |  |                   |                       |                                   |                         |  |
|                       | _   |  |                   |                       |                                   |                         |  |
| L                     | Yes. Explain:   |  |                   |                       |                                   |                         |  |
|                       |   |  |                   |                       |                                   |                         |  |

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| Fill in this infor              | mation to identif                     | y your case:   |                                     |                   |                       |               |
|---------------------------------|---------------------------------------|--|-------------------------------------|-------------------|-----------------------|---------------|
| Debtor 1                        | James                                 |  | Oaks                                |                   |                       |               |
|                                 | First Name                            | Middle Name  | Last Name                           | Check if this is: |                       |               |
| Debtor 2<br>(Spouse, if filing) | First Name                            | Middle Name  | Last Name                           | An amended fili   | ng                    |               |
|                                 |                                       |  |                                     | A supplement s    | showing post-petition | on chapter 13 |
| United States E                 | Bankruptcy Court                      | for the: Northern  | District of Illinois (State)        |                   | the following date:   | m enapter te  |
| Case number                     |                                       |  |                                     | MM (BB ()000      |                       |               |
| (II KIIOWII)                    |                                       |  |                                     | MM / DD / YYY     | Y                     |               |
| Official                        | Form 10                               | )6J  |                                     |                   |                       |               |
|                                 |                                       | Expenses   |                                     |                   |                       | 12/15         |
| information. If                 | more space is n                       | as possible. If two married people a<br>needed, attach another sheet to this     |                                     |                   |                       | mber          |
|                                 | wer every quest                       |  |                                     |                   |                       |               |
|                                 | cribe Your Ho                         | usenoia  |                                     |                   |                       |               |
| 1. Is this a joi                | nt case?                              |  |                                     |                   |                       |               |
| ✓ No. Go                        | o to line 2                           |  |                                     |                   |                       |               |
| Yes. D                          | oes Debtor 2 liv                      | e in a separate household?   |                                     |                   |                       |               |
|                                 | No                                    |  |                                     |                   |                       |               |
|                                 | Yes. Debtor 2                         | must file Official Forms 106J-2, Exper   | nses for Separate Household of Debt | or 2.             |                       |               |
| 2. Do you hav                   | e dependents?                         | No   |                                     |                   |                       |               |
| _                               | Debtor 1 and                          | Yes. Fill out this information for   | Dependent's relationship to         | Dependent's       | Does depende          | nt live       |
| Debtor 2.                       |                                       | each dependent   | Debtor 1 or Debtor 2                | age               | with you?             | in iivo       |
|                                 |                                       |  | Child                               | 8 years           | No.                   |               |
|                                 |                                       |  |                                     |                   | Yes.                  |               |
|                                 |                                       |  | Child                               | 4 years           | No.<br>✓ Yes.         |               |
|                                 |                                       |  | Child                               | 2 years           | No.                   |               |
|                                 |                                       |  | Offilia                             | 2 years           | Yes.                  |               |
|                                 |                                       |  | Child                               | 1 year            | No.                   |               |
|                                 |                                       |  |                                     |                   | ✓ Yes.                |               |
| 3. Do your exp                  | oenses include                        |  |                                     |                   |                       |               |
| expenses o                      | f people other                        | ✓ No   |                                     |                   |                       |               |
| yourself an                     | -                                     | Yes  |                                     |                   |                       |               |
| dependents Part 2: Esti         |                                       | going Monthly Expenses   |                                     |                   |                       |               |
|                                 |                                       |  |                                     |                   |                       |               |
| _                               | of a date after th                    | f your bankruptcy filing date unless<br>he bankruptcy is filed. If this is a sup |                                     | •                 | •                     | ne            |
|                                 |                                       | th non-cash government assistance<br>cluded it on <i>Schedule I: Your Income</i> |                                     |                   | You                   | r expenses    |
|                                 | l or home owner<br>or the ground or l | rship expenses for your residence. In<br>lot. 4.                                 | nclude first mortgage payments and  |                   | 4.                    | \$800.00      |
| If not inc                      | luded in line 4:                      |  |                                     |                   |                       |               |
| 4a. Real e                      | state taxes                           |  |                                     |                   | 4a                    | \$0.00        |
| 4b. Prope                       | rty, homeowner's                      | s, or renter's insurance   |                                     |                   | 4b                    | \$0.00        |
| 4c. Home                        | maintenance, rep                      | pair, and upkeep expenses  |                                     |                   | 4c.                   | \$0.00        |

4d.

\$0.00

4d. Homeowner's association or condominium dues

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 Debtor 1 James
 Daks
 Case number (if known)

 First Name
 Middle Name
 Last Name

| First Name Middle Name Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$100.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. | \$80.00       |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$556.00      |
| 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$30.00       |
| 10. Personal care products and services  | 10. | \$25.00       |
| 11. Medical and dental expenses  | 11. | \$5.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments                   | 12. | \$173.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul> |     |               |
| 15a. Life insurance  | 15a | \$0.00        |
| 15b. Health insurance  | 15b | \$0.00        |
| 15c. Vehicle insurance   | 15c | \$0.00        |
| 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                            |     |               |
| Specify:   | 16  | \$0.00        |
| 17. Installment or lease payments:   |     |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify:   | 17c | \$0.00        |
| 17d. Other. Specify:   | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from                        |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19. Other payments you make to support others who do not live with you.  Specify:                                      | 40  | <b>#0.00</b>  |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.               | 19. | \$0.00        |
| 20a. Mortgages on other property   | 20a | \$0.00        |
| 20b. Real estate taxes.  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues   | 20a | \$0.00        |

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| Debtor 1 Jame         |                          |                        | Oaks  | Case number (if known) |     |            |
|-----------------------|--------------------------|------------------------|---|------------------------|-----|------------|
| First N               | lame                     | Middle Name            | Last Name   |                        |     |            |
| 21. <b>Other.</b> Spe | cify:                    |                        |   |                        | 21  | \$0.00     |
| 22 Calculate          | your monthly expenses    | •                      |   |                        |     |            |
|                       | ies 4 through 21.        | )•                     |   |                        |     | \$1,769.00 |
|                       | •                        |                        |   | \$0.00                 |     |            |
|                       | , , ,                    | ,,                     | from Official Form 106J-2                                   |                        |     | \$1,769.00 |
|                       | ie 22a and 22b. The resu |                        | enses.  |                        | 22. |            |
| 23. Calculate         | our monthly net incom    | ne.                    |   |                        |     |            |
| 23a. Copy             | ine 12 (your combined m  | nonthly income) from S | Schedule I.   |                        | 23a | \$1,944.26 |
| 23b. Copy             | your monthly expenses f  | rom line 22 above.     |   |                        | 23b | \$1,769.00 |
|                       | ct your monthly expense  | , ,                    | icome.  |                        |     | \$175.26   |
| The re                | sult is your monthly net | income.                |   |                        | 23c |            |
|                       |                          |                        | oan within the year or do y<br>nodification to the terms of |                        |     |            |

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| Fill in this infor                      | mation to identify your c | ase:        |                      |
|---|---------------------------|-------------|----------------------|
| Debtor 1                                | James                     |             | Oaks                 |
|   | First Name                | Middle Name | Last Name            |
| Debtor 2                                |                           |             |                      |
| (Spouse, if filing)                     | First Name                | Middle Name | Last Name            |
| United States Bankruptcy Court for the: |                           | Northern    | District of Illinois |
| Case number                             |                           |             | (State)              |
| (If known)                              |                           |             |                      |

### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h  | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and   |
|     | that they are true and correct.                                  |   |
| ×   | /s/ James Oaks   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 4/3/2017  | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill i          | n this ir      | nforma           | ition to identify your c | ase:                |   |                    |             |          |                                   |
|-----------------|----------------|------------------|--------------------------|---------------------|---|--------------------|-------------|----------|-----------------------------------|
| Deb             | tor 1          | _                | ames                     |                     | Oaks  |                    | _           |          |                                   |
| Deb             | tor 2          | F                | irst Name                | Middle I            | Name Last N   | ame                |             |          |                                   |
|                 | use, if filir  | ng) F            | irst Name                | Middle I            | Name Last N   | ame                | -           |          |                                   |
| Unit            | ed State       | es Ban           | kruptcy Court for the:   | Northern            | District of III   |                    | _           |          |                                   |
| Case<br>(If knd | e numb<br>own) | oer _            |                          |                     | (8  | State)             | -           |          |                                   |
| Of              | ficia          | al F             | orm 107                  |                     |   |                    |             |          | Check if this is a amended filing |
| Sta             | atem           | nent             | of Financia              | l Affairs f         | or Individuals  | s Filing fo        | r Bankru    | ptcy     | 12/1:                             |
| info            | rmatio         | n. If n          |                          | ed, attach a sep    | arried people are filin<br>arate sheet to this fo                             |                    |             |          |                                   |
| Pari            | i i G          | ive D            | etails About Your        | Marital Status      | and Where You Live  | ed Before          |             |          |                                   |
| 1.              | Wha            | t is yo          | ur current marital st    | atus?               |   |                    |             |          |                                   |
|                 |                | Marrie<br>Not ma |                          |                     |   |                    |             |          |                                   |
| 2.              | Durii          | ng the           | last 3 years, have yo    | ou lived anywher    | e other than where you  | ı live now?        |             |          |                                   |
|                 | Ľ              | No<br>Yes. L     | ist all of the places yo | ou lived in the las | t 3 years. Do not includ  | e where you live   | now.        |          |                                   |
|                 |                | Debto            | r 1:                     |                     | Dates Debtor 1 lived there  | Debtor 2:          |             |          | Dates Debtor 2 lived there        |
|                 |                |                  |                          |                     |   | Same a             | as Debtor 1 |          | Same as Debtor 1                  |
|                 |                | Numbe            | er Street                |                     | From  | Number Str         | reet        |          | From<br>To                        |
|                 |                | City             | State                    | Zip Code            |   | City               | State       | Zip Code |                                   |
|                 | _              |                  |                          |                     |   | Same a             | as Debtor 1 |          | Same as Debtor 1                  |
|                 |                | Numbe            | er Street                |                     | From  | Number Sti         | reet        |          | From<br>To                        |
|                 |                | City             | State                    | Zip Code            |   | City               | State       | Zip Code |                                   |
| 3.              | and te         | rritories<br>0   | include Arizona, Califo  | ornia, Idaho, Louis | oouse or legal equivale<br>siana, Nevada, New Mexi<br>Codebtors (Official For | co, Puerto Rico, T |             | - '      | ommunity property states          |

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Oaks

Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$4033.63 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$12987.50 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$9000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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Oaks Debtor 1 James Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1               | James                                   |  |  | Oa                                       | aks  | Case number                                  | (if known)  |
|--------------------|---|--|--|--|--|--|---|
|                    | First Name                              |  | Middle Name  | La                                       | st Name  |  |   |
| nsi<br>corp<br>age | ders include your<br>porations of which | relatives; and the relatives; are relatives; and the relatives; and the relatives; are relatives; and the relatives; and the relatives; are relatives; and the relatives; and the relatives; and the relatives; and the relatives; are relatives; and the relatives; are relatives; and the relatives; are relatives; are relatives; are relatives; and the relatives; are relatives; a | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control | general partners; part<br>, or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>           | No                                      |  |  |  |  |  |   |
|                    | Yes. List all pay                       | ments to   | an insider.  | Dates of payment                         | Total amount paid                              | Amount you still owe                         | Reason for this payment   |
|                    | Insider's Name                          |  |  |  |  |  |   |
|                    | Number Street                           |  |  |  |  |  |   |
|                    | City                                    | State  | Zip Code   |  |  |  |   |
|                    | Insider's Name                          |  |  |  |  |  |   |
|                    | Number Street                           |  |  |  |  |  |   |
|                    | City                                    | State  | Zip Code   |  |  |  |   |
| insi               | der?<br>ude payments on<br>No           | debts gua  | aranteed or cosigne  | ed by an insider.                        | Total amount paid                              | Amount you still owe                         | Reason for this payment  Include creditor's name  |
|                    | Insider's Name                          |  |  |  |  |  |   |
|                    | Number Street                           |  |  |  |  |  |   |
| _                  | City                                    | State  | Zip Code   |  |  |  |   |
|                    | Insider's Name                          |  |  |  | <u> </u>                                       |  |   |
|                    | Number Street                           |  |  |  |  |  |   |
|                    | City                                    | State  | Zip Code   |  |  |  |   |
|                    | CILV                                    | Jiait  | ZIP OUUE   |  |  |  |   |

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property \$0 US DEP ED Creditor's Name Explain what happened PO BOX 5609 Number Street Property was repossessed. Property was foreclosed. **GREENVILLE** 75403 Texas Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| First harno   | Debt | tor 1 James  | Oaks                          | Case number (if known)                        |                       |
|---|------|--|-------------------------------|---|-----------------------|
| accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Describe the action the creditor took  Date action was taken  Last 4 digits of account number: XXXX-  Oity State Zip Code  Last 4 digits of account number: XXXX-  Oity State Zip Code  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court- appointed receiver, a custodian, or another official?  V No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$800 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$800 per person  Describe the gifts  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  City State Zip Code |      | First Name Middle Name                             | Last Name                     |   |                       |
| Describe the action the creditor took   Date action was taken   Amount was taken  | 11.  | accounts or refuse to make a payment because y     |                               | pank or financial institution, set off any am | ounts from your       |
| Describe the action the creditor took  Date action was taken  Amount  Creditor's Name  Number Street  Last 4 digits of account number: XXXX-  Part 5: Ust Certain Gifts and Contributions  13. Within 1 year before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person?  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Number Street  City State Zip Code  |      | Yes. Fill in the details.                          |                               |   |                       |
| Creditor's Name    Number Street  |      | Too. This is a dotaile.                            |                               |   |                       |
| Last 4 digits of account number: XXXX-   City   State   Zip Code  |      |  | Describe the action th        |   | Amount                |
| Last 4 digits of account number: XXXX-  |      | Creditor's Name                                    | _                             |   |                       |
| City   State   Zip Code   |      | Number Street                                      | _                             |   |                       |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  City State Zip Code   |      |  | _ Last 4 digits of account    | number: XXXX-                                 |                       |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  City State Zip Code   |      | City State Zio Code                                | _                             |   |                       |
| appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Serial in the details for each gift.  Gifts with a total value of more than \$600 per person  Dates you gave the gifts  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      | Only State Zip Gode                                |                               |   |                       |
| Yes   | 12.  |  |                               | possession of an assignee for the benefit of  | f creditors, a court- |
| Yes   |      |  |                               |   |                       |
| Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?    No  |      | <u></u>  |                               |   |                       |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?    No  |      |  |                               |   |                       |
| ✓ No   Yes. Fill in the details for each gift.   Gifts with a total value of more than \$600 per person   Person to Whom You Gave the Gift   Number Street   City State Zip Code   Person to Whom You Gave the Gift    Person to Whom You Gave the Gift  Number Street  City State Zip Code   | Part | t 5: List Certain Gifts and Contributions          |                               |   |                       |
| ✓ No   Yes. Fill in the details for each gift.   Gifts with a total value of more than \$600 per person   Person to Whom You Gave the Gift   Number Street   City State Zip Code   Person to Whom You Gave the Gift    Person to Whom You Gave the Gift  Number Street  City State Zip Code   |      |  |                               |   |                       |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code   | 13.  | Within 2 years before you filed for bankruptcy, di | d you give any gifts with a t | otal value of more than \$600 per person?     |                       |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |      | IZ No  |                               |   |                       |
| Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      |  |                               |   |                       |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      | Yes. Fill in the details for each girt.            |                               |   |                       |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      |  | Describe the gifts            | gave the                                      | Value                 |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      |  |                               |   |                       |
| City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |      | Person to Whom You Gave the Gift                   | <u>-</u>                      |   |                       |
| City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |      |  |                               |   |                       |
| Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      | Number Street                                      | _                             |   |                       |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      | City State Zip Code                                | =                             |   |                       |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code  |      | Person's relationship to you                       |                               |   |                       |
| Number Street  City State Zip Code  |      |  |                               |   |                       |
| Number Street  City State Zip Code  |      | Person to Whom You Gave the Gift                   | _                             |   |                       |
| City State Zip Code   |      |  | _                             |   |                       |
| City State Zip Code   |      |  | _                             |   |                       |
|   |      | Number Street                                      |                               |   |                       |
| Person's relationship to you  |      | City State Zip Code                                | _                             |   |                       |
|   |      | Person's relationship to you                       |                               |   |                       |

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| Debtor   | r 1 James   | Oaks   | Case number (if known)  |                                      |
|----------|---|--|---|--------------------------------------|
|          | First Name Middle Name  | Last Name  |   |                                      |
|          |   |  |   |                                      |
| 14. W    | Nithin 2 years before you filed for bankruptcy  | , did you give any gifts or contribu   | tions with a total value of more tha  | n \$600 to any charity?              |
| Ī.       | <b>√</b> No   |  |   |                                      |
|          | Yes. Fill in the details for each gift or contr   | ibution  |   |                                      |
| L        | <b>-</b>  | iodion.  |   |                                      |
|          | Gifts or contributions to charities   | Describe what you contri   |   |                                      |
|          | that total more than \$600  |  | contribu  | ıted                                 |
|          |   |  |   |                                      |
|          | Charity's Name  | <del></del>  |   |                                      |
|          |   |  |   |                                      |
|          |   |  |   |                                      |
|          | Number Street   |  |   |                                      |
|          | Number Street   |  |   |                                      |
|          | City State Zip Code   |  |   |                                      |
|          | City State Zip Code   |  |   |                                      |
| Dort C.  | : List Certain Losses   |  |   |                                      |
| rait 0.  | List dei taili Losses   |  |   |                                      |
|          |   |  |   |                                      |
|          | Vithin 1 year before you filed for bankruptcy o   | or since you filed for bankruptcy, o   | lid you lose anything because of the  | ft, fire, other disaster, or         |
| ga       | ambling?  |  |   |                                      |
| <b>Г</b> | ✓ No  |  |   |                                      |
| Ľ        | <u>-</u>  |  |   |                                      |
| L        | Yes. Fill in the details.   |  |   |                                      |
|          | Describe the property you lost and  | Describe any insurance of  | coverage for the loss Date of   | your Value of property               |
|          | how the loss occurred   | Include the amount that in   |   | lost                                 |
|          |   | pending insurance claims   | on line 33 of Schedule  |                                      |
|          |   | A/B: Property.   |   |                                      |
|          |   |  |   | <u></u>                              |
|          |   |  |   | <del></del>                          |
|          |   |  |   |                                      |
| 16. W    | : List Certain Payments or Transfers  Vithin 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy.  |  | our behalf pay or transfer any prope  | erty to anyone you consulted         |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy etition prepared.  No   | kruptcy petition?  |   | erty to anyone you consulted         |
| 16. W    | Within 1 year before you filed for bankruptcy,<br>bout seeking bankruptcy or preparing a bank<br>nclude any attorneys, bankruptcy petition prepare  | kruptcy petition?  |   | erty to anyone you consulted         |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy etition prepared.  No   | kruptcy petition? ers, or credit counseling agencies for   | services required in your bankruptcy.   |                                      |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy etition prepared.  No   | kruptcy petition?  | services required in your bankruptcy.   | yment Amount of                      |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy etition prepared.  No   | kruptcy petition? ers, or credit counseling agencies for  Description and value of                     | services required in your bankruptcy.  any property  Date pa                  | yment Amount of<br>fer payment       |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details.  | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm  | kruptcy petition? ers, or credit counseling agencies for  Description and value of                     | services required in your bankruptcy.  any property  Date pa or trans         | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm  | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street   | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street   | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street   | kruptcy petition? ers, or credit counseling agencies for  Description and value of transferred         | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor  | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No  Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 20 S. Clark Street  Number Street  28th Floor  Chicago Illinois 60603  City State Zip Code   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptde any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code Email or website address   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No  Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 20 S. Clark Street  Number Street  28th Floor  Chicago Illinois 60603  City State Zip Code   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code Email or website address   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
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| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy petition prepared No  No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street                      | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy petition prepared No  No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid   | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street  City State Zip Code | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |
| 16. W    | Within 1 year before you filed for bankruptcy, about seeking bankruptcy or preparing a bankruptcy and seeking bankruptcy or preparing a bankruptcy petition prepared.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street                      | Pers, or credit counseling agencies for  Description and value of transferred  Attorney's Fee - 350.00 | services required in your bankruptcy.  any property  Date pa or trans was mac | yment Amount of<br>fer payment<br>de |

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| Debto |                     | James   |  | Oaks   | Case number (if known)    |                                    |                              |
|-------|---------------------|---|--|--|---------------------------|------------------------------------|------------------------------|
|       |                     | First Name  | Middle Name  | Last Name  |                           |                                    |                              |
|       | help                | you deal with your credit<br>not include any payment or t | ors or to make payme                               |  | ur behalf pay or transfer | any property to a                  | nyone who promised to        |
|       |                     | No<br>Yes. Fill in the details.                           |  |  |                           |                                    |                              |
|       |                     |   |  | Description and value of ar transferred          | ny property               | Date payment or transfer was made  | Amount of payment            |
|       |                     | Person Who Was Paid                                       |  |  |                           |                                    |                              |
|       |                     | Number Street   |  |  |                           |                                    |                              |
|       |                     | City State  | Zip Code   |  |                           |                                    |                              |
|       | <b>the</b><br>Incli | ordinary course of your bu                                | usiness or financial af<br>and transfers made as s | ecurity (such as the granting of a               |                           |                                    |                              |
|       |                     |   |  | Description and value of ar property transferred |                           | / property or<br>ceived or debts p | Date transfer was made       |
|       |                     | Person Who Received Tran                                  | sfer   |  |                           |                                    |                              |
|       |                     | Number Street   |  |  |                           |                                    |                              |
|       |                     | City State<br>Person's relationship to you                | Zip Code<br>u                                      |  |                           |                                    |                              |
|       |                     | Person Who Received Tran                                  | sfer   |  |                           |                                    |                              |
|       |                     | Number Street   |  |  |                           |                                    |                              |
|       |                     | City State<br>Person's relationship to you                | Zip Code<br>u                                      |  |                           |                                    |                              |
|       | ben                 | eficiary?<br>ese are often called asset-pro               |  | I you transfer any property to a                 | self-settled trust or sim | ilar device of whi                 | ch you are a                 |
|       |                     | Yes. Fill in the details.                                 |  | Description and value of t                       | he property transferred   |                                    | Date<br>transfer was<br>made |
|       |                     | Name of trust   |  |  |                           |                                    |                              |

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Oaks Debtor 1 James Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Oaks Debtor 1 James Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt |          | James                |                  |                  | Oaks                        | Case nu                 | umber (if known)                  |                    |
|------|----------|----------------------|------------------|------------------|-----------------------------|-------------------------|-----------------------------------|--------------------|
|      |          | First Name           | Mi               | ddle Name        | Last Name                   |                         |                                   |                    |
| 26.  | Hav      | e you been a party   | y in any judicia | l or administra  | tive proceeding under       | any environmental       | law? Include settlements and orde | ers.               |
|      | <b>✓</b> | No                   |                  |                  |                             |                         |                                   |                    |
|      |          | Yes. Fill in the det | ails.            |                  |                             |                         |                                   |                    |
|      |          |                      |                  | C                | Court or agency             | N                       | Nature of the case                | Status of the case |
|      |          | Case title           |                  |                  | Naved Nave a                |                         |                                   | Pending            |
|      |          |                      |                  | _                | Court Name                  |                         |                                   | On appeal          |
|      |          | Case number          |                  | N                | lumberStreet                |                         |                                   | Concluded          |
|      |          |                      |                  | ā                | Dity State                  | Zip Code                |                                   |                    |
| Part | 11:      | Give Details Ab      | oout Your Bu     | siness or Co     | nnections to Any Bu         | siness                  |                                   |                    |
| 27.  | With     | nin 4 years before   | you filed for ba | nkruptcy, did    | you own a business or       | have any of the follo   | owing connections to any business | ?                  |
|      |          | □ A colo propri      | otor or colf om  | nlayad in a tray | do profossion or other      | activity cithor full ti | ime or part time                  |                    |
|      |          |                      |                  | -                | de, profession, or other    | =                       | irrie or part-time                |                    |
|      |          | _                    |                  | ty company (Li   | _C) or limited liability pa | irtnersnip (LLP)        |                                   |                    |
|      |          | A partner in a       |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  | e of a corporation          |                         |                                   |                    |
|      |          | An owner of a        | at least 5% of t | he voting or ed  | quity securities of a corp  | ooration                |                                   |                    |
|      | ./       | No. None of the a    | bove applies.    | Go to Part 12.   |                             |                         |                                   |                    |
|      | H        |                      |                  |                  | details below for each b    | ousiness.               |                                   |                    |
|      | ш        |                      |                  |                  |                             | re of the business      | Employer Identification n         | umber Do not       |
|      |          |                      |                  |                  | Describe the nate           | ire of the business     | include Social Security no        |                    |
|      |          |                      |                  |                  |                             |                         | EIN:                              |                    |
|      |          | Business Name        |                  |                  | _                           |                         | LIIV.                             |                    |
|      |          | Number Street        |                  |                  | -                           |                         | Dates business existed            |                    |
|      |          | City                 | Ctoto            | 7in Codo         | Name of accounts            | ant or bookkeeper       |                                   |                    |
|      |          | City                 | State            | Zip Code         |                             |                         | From To                           |                    |
|      |          |                      |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  | December the met            | re of the business      | Employer Identification n         | umber De net       |
|      |          |                      |                  |                  | Describe the natu           | ire of the business     | include Social Security no        |                    |
|      |          | Business Name        |                  |                  | _                           |                         | EIN:                              |                    |
|      |          |                      |                  |                  | _                           |                         | Datas by all and a last           |                    |
|      |          | Number Street        |                  |                  | Name of account             | ant or bookkeeper       | Dates business existed            |                    |
|      |          | City                 | State            | Zip Code         | -                           |                         | From To                           |                    |
|      |          |                      |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  | Describe the note           | us of the business      | Employer Identification n         | umbar Da nat       |
|      |          |                      |                  |                  | Describe the natu           | ire of the business     | include Social Security no        |                    |
|      |          | Desires News         |                  |                  | _                           |                         | EIN:                              |                    |
|      |          | Business Name        |                  |                  |                             |                         |                                   |                    |
|      |          | Number Street        |                  |                  | Name of consumit            | ant or bookkeese        | Dates business existed            |                    |
|      |          | City                 | State            | Zip Code         | - Name of accounts          | ant or bookkeeper       | FromTo                            |                    |
|      |          | •                    |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  |                             |                         |                                   |                    |
|      |          |                      |                  |                  |                             |                         |                                   |                    |

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| Deb  | tor 1 James   |  | Oaks                          | Case number (if known)   |
|------|---|--|-------------------------------|--|
|      | First Name  | Middle Name  | Last Name                     |  |
| 28.  | Within 2 years before you file creditors, or other parties.  No | ed for bankruptcy, did y                               | ou give a financial stateme   | nt to anyone about your business? Include all financial institutions,  |
|      | Yes. Fill in the details be                                     | low.   |                               |  |
|      | _   |  | Date issued                   |  |
|      |   |  |                               |  |
|      | Name  |  | MM/DD/YYYY                    |  |
|      | Number Street   |  | _                             |  |
|      | City State  | 7in Codo   | _                             |  |
|      | City State  | e Zip Code   |                               |  |
| Part | t 12: Sign Below  |  |                               |  |
| t    | true and correct. I understand                                  | l that making a false sta<br>in fines up to \$250,000, | tement, concealing prope      | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Signature of D  |  |                               | Signature of Debtor 2  |
|      |   |  |                               | Date   |
|      | Date 4/3/20   | 17   |                               |  |
| ı    | Did you attach additional pag                                   | es to Your Statement of                                | Financial Affairs for Individ | duals Filing for Bankruptcy (Official Form 107)?   |
| ı    | <b>✓</b> No   |  |                               |  |
| i    | Yes   |  |                               |  |
| ı    | Did you pay or agree to pay so                                  | meone who is not an at                                 | torney to help you fill out b | pankruptcy forms?  |
| ſ    | <b>✓</b> No   |  |                               |  |
| i    | Yes. Name of person   |  |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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B2030 (Form 2030) (12/15)

In

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| re | James Oaks  | Northern Distr               | Case No.                            |                                |
|----|---|------------------------------|-------------------------------------|--------------------------------|
| _  | Debtor  |                              |                                     | (If known)                     |
|    |   |                              | Chapter                             | Chapter 13                     |
| 1. | DISCLOSURE OF C   |                              |                                     |                                |
| •  | compensation paid to me within one y rendered or to be rendered on behalf of                                | ear before the filing of the | e petition in bankruptcy, or agreed | to be paid to me, for services |
|    | For legal services, I have agreed to acc  | ept                          |                                     | \$4,000.00                     |
|    | Prior to the filing of this statement I ha  | ave received                 |                                     | \$350.00                       |
|    | Balance Due   |                              |                                     | \$3,650.00                     |
| 2. | The source of the compensation paid   | to me was:                   |                                     |                                |
|    | <b>Debtor</b>   | Other (specify               | )                                   |                                |
| 3. | The source of the compensation paid   | to me is:                    |                                     |                                |
|    | <b>✓</b> Debtor   | Other (specify               | )                                   |                                |
| 4. | I have not agreed to share the abomembers and associates of my law  | ve-disclosed compensation    | on with any other person unless th  | ney are                        |
|    | I have agreed to share the above-or members or associates of my law the people sharing in the compensation. | firm. A copy of the agreen   |                                     |                                |
| 5. | In return for the above-disclosed fee, I<br>a. Analysis of the debtor's financ<br>bankruptcy;               |                              |                                     |                                |
|    | b. Preparation and filing of any p  | etition, schedules, statem   | ents of affairs and plan which may  | y be required;                 |
|    | c. Representation of the debtor a   | t the meeting of creditors   | and confirmation hearing, and an    | y adjourned hearings thereof;  |
|    | d. Representation of the debtor in  | n adversary proceedings a    | nd other contested bankruptcy m     | atters;                        |
| 6. | By agreement with the debtor(s), the a  | bove-disclosed fee does r    | not include the following services: |                                |
|    |   |                              |                                     |                                |
|    |   | CERTIFIC                     | CATION                              |                                |
|    | certify that the foregoing is a complete tor(s) in this bankruptcy proceedings.                             | statement of any agreeme     | ent or arrangement for payment to   | me for representation of the   |
|    | 4/3/2017  |                              | /s/ Chad Mizelle                    |                                |
|    | Date  |                              | Signature of Attorney               |                                |
|    |   |                              | Semrad Law Firm                     |                                |
|    |   |                              | Name of law firm                    |                                |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Oaks, James | Case No  |                                      |
|-----------------|-------------|--|--------------------------------------|
|                 | Debtor(s)   | Chapter.   | Chapter13                            |
|                 |             | Chapter  | Chapter 13                           |
|                 | VERIFI      | CATION OF CREDITOR MAT                             | TRIX                                 |
| Tł<br>knowledge |             | ry that the attached list of creditors is tr       | rue and correct to the best of their |
| Date:           | 4/3/2017    | /s/ Oaks, James<br>Oaks, James<br>Signature of Del |                                      |

AMERICOLLECT INC PO BOX 1566 MANITOWOC, WI, 54221

VIRTUOSO SOURCING GROU 4500 E CHERRY CREEK SOUT DENVER, CO, 80246

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

City of Chicago Department of Revenue P.O. Box 06152 Chicago, IL, 60606

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

US DEP ED PO BOX 5609 GREENVILLE, TX, 75403

US Depart of ED/GLELSI 2401 International Madison, WI, 53704

US DEPARTMENT OF EDU Po Box 105028 Atlanta, GA, 30348

NAVIENT SOLUTIONS INC c/o Melissa Yateshin PO Box 9430 Wilkes Barre, PA, 18773

Illinois Dept of Human Services Public Aide 160 North Lasalle St. Suite N-1000 Chicago, IL, 60601 Case 17-10581 Doc 1 Filed 04/03/17 Entered 04/03/17 17:35:39 Desc Main Document Page 56 of 67

Illinois Department of Unemployment 4519 W Main St Belleville, IL, 62226 B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re | James Oaks   |   | Case No.                           |  |
|-------|--|---|------------------------------------|--|
| _     | Debtor   |   |                                    | (If known)   |
|       |  |   | Chapter                            | Chapter 13   |
|       | DISCLOSURE OF COMP   | ENSATION OF ATTO  | ORNEY I                            | FOR DEBTOR   |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before rendered or to be rendered on behalf of the debt | the filing of the petition in bankrup                                       | tcv. or agreed                     | to be paid to me, for services   |
|       | For legal services, I have agreed to accept  |   |                                    | \$4,000.00   |
|       | Prior to the filling of this statement I have receive  | d   |                                    | \$350.00   |
|       | Balance Due  |   |                                    | \$3,650.00   |
| 2.    | The source of the compensation paid to me was  |   |                                    |  |
|       | <b>☑</b> Debtor  | Other (specify)   |                                    |  |
| 3.    | The source of the compensation paid to me is:  |   |                                    |  |
|       | <b>☑</b> Debtor  | Other (specify)   |                                    |  |
| 4.    | I have not agreed to share the above-disclosmembers and associates of my law firm.   | ed compensation with any other pe   | rson unless th                     | ney are  |
|       | I have agreed to share the above-disclosed of members or associates of my law firm. A copy the people sharing in the compensation, is a          | by of the agreement, together with a  | r persons who<br>list of the nan   | are not<br>nes of  |
| 5.    | In return for the above-disclosed fee, I have agre<br>a. Analysis of the debtor's financial situatio<br>bankruptcy;                              | ed to render legal service for all aspin, and rendering advice to the debto | ects of the ban<br>or in determini | nkruptcy case, including:<br>ng whether to file a petition in  |
|       | b. Preparation and filing of any petition, sch   | edules, statements of affairs and pl  | an which may                       | be required;   |
|       | c. Representation of the debtor at the meeti   | ng of creditors and confirmation he   | aring, and any                     | adjourned hearings thereof;  |
|       | d. Representation of the debtor in adversary   | proceedings and other contested t   | oankruptcy ma                      | itters;  |
| 6.    | By agreement with the debtor(s), the above-discl   | osed fee does not include the follow  | wing services:                     |  |
|       |  |   |                                    |  |
|       |  | CERTIFICATION   |                                    |  |
| debt  | certify that the foregoing is a complete statement<br>or(s) in this bankruptcy proceedings.  | of any agreement or arrangement for   | or payment to                      | me for representation of the   |
|       | 4/1/2017   | /s/ Chad  | Mizelle                            |  |
|       | Date   | Signature c   | of Attorney                        |  |
|       |  | Semrad L  | .aw Firm                           |  |
|       |  | Name of   | law firm                           | The state of the s |



### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

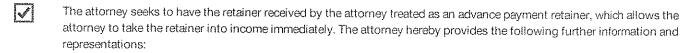
## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

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### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

4/1/2017

Signed:

/s/ James Oaks

Debtor(s)

/s/ Chad Mizelle

Attorney for Debtorts

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 James First Name   |   | Daks   | Case number (illanous)   |   |
|---|---|--|--|---|
|   | estions for Reporting Purposes  | ast Name   |  |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily   | consumer debts? Con<br>primarily for a personal,<br>business debts? Busin<br>evestment or through th | sumer debts are defined in 11 U.S.C. § 101(8) family, or household purpose."  ess debts are debts that you incurred to obtain a operation of the business or investment. |   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ✓ No. I am not filing under Chap  Yes. I am filing under Chapter expenses are paid that fu  No.   | oter 7. Go to line 18.  7. Do you estimate that aft  | er any exempt property is excluded and administration to unsecured creditors?  | ative   |
| <sup>18</sup> . How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |   |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001                                | \$50 million \$1,000,000,001-\$10 b<br>\$100 million \$10,000,000,001-\$50   | oillion   |
| 20. How much do you estimate your liabilities to be?  Pari 28 Sign Below  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001                                | \$1,000,000,001-\$10 b<br>\$100 million \$1,000,000,001-\$50   | oillion   |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1319, and 3571.  **  /s/ James Oaks Signature of Debtor 1  Executed on 4/1/2017  Executed on 5/2 Executed |  |  |   |
|   | · OO / MM   |  | MM / OD / YYYY   | en la como de tras de messão de messão de tras de como de mes |

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| Fills         | nedelis-leda             | mation to identify your e   | aise:                      |                          |   |  |                                      |
|---------------|--------------------------|---|----------------------------|--------------------------|---|--|--------------------------------------|
| Deb           | tor 1                    | James   |                            | Oaks                     |   |  |                                      |
|               |                          | First Name  | Middle Name                | Last Name                |   |  |                                      |
|               | tor 2<br>use, it filing) | First Name  | Middle Name                | Last Name                |   |  |                                      |
| Unit          | ed States E              | Sankruptcy Court for the:   | Northern                   | District of Illinois     |   |  |                                      |
|               | e number                 | , ,   |                            | (State)                  |   |  |                                      |
| (li kox       | owe)                     |   |                            |                          |   |  |                                      |
| <u>Of</u>     | ficial                   | Form 106De  | C                          |                          |   |  | Check if this is a<br>amended filing |
| De            | clarat                   | ion About an  | Individual Deb             | tor's Schedu             | ıles                                    |  | 12/1                                 |
| If two        | married                  | people are filing togeth  | er, both are equally respo | onsible for supplying of | correct informa                         | tion.  |                                      |
| mone<br>U.S.C | ey or prope              | erty by fraud in connect<br>1341, 1519, and 3571.   | ion with a bankruptcy ca   | se can result in fines   | up to \$250,000                         | lse statement, concealing prop<br>, or imprisonment for up to 20 y | rears, or both. 18                   |
|               | Did you pa               | ay or agree to pay some   | one who is NOT an attor    | ney to help you fill ou  | t bankruptcy fo                         | rms?   |                                      |
|               | J No                     |   |                            |                          |   |  |                                      |
|               | Yes. I                   | lame of person  |                            |                          | iptcy Petition Pre<br>ficial Form 119). | parer's Notice, Declaration, and                                   |                                      |
|               |                          |   |                            |                          |   |  |                                      |
|               | Under per<br>that they   | nalty of perjury, I declar<br>are true and correct.   | that I have read the sur   | nmary and schedules      | filed with this                         | declaration and  |                                      |
| Х             | /s/ Jame<br>Signature o  | 1.10  |                            | X Sign                   | nature of Debtor                        | 2  |                                      |
|               | Date 4/1/2               | (dentity or any |                            | Dat                      |   | ۵.   |                                      |
|               |                          | DD/YYYY   |                            | Liai                     | e<br>MM/DD/YYY                          | Ý.   |                                      |

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| Debt              | tor 1 James   |  | Oaks                       | Case number @/known   |
|-------------------|---|--|----------------------------|---|
|                   | First Name  | Middle Name                                    | Last Name                  |   |
| 28.               | Within 2 years before you filed creditors, or other parties.  No Yes. Fill in the details below |  | ou give a financial state  | nent to anyone about your business? Include all financial institutions,   |
|                   | Resident  |  | Date issued                |   |
|                   |   |  | APP NOT INCOME TO THE      |   |
|                   | Name  |  | MM/DD/YYYY                 |   |
|                   |   |  |                            |   |
|                   | Number Street   |  |                            |   |
|                   | City State  | Zip Code                                       |                            |   |
|                   | SHEREMANAGE   | _,p  |                            |   |
| Para              | ம். Sign Below  |  |                            |   |
| ti                | rue and correct. I understand th  | at making a false sta<br>ines up to \$250,000, | tement, concealing pro-    | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|                   | Signature of Debi   | or t   | <del></del>                | Signature of Debtor 2   |
|                   | Date 4/1/2017   | V  |                            | Date  |
| a                 | Did you attach additional pages t   | to Your Statement of                           | Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?  |
| Security Assessed | No<br>Yes   |  |                            |   |
| D                 | oid you pay or agree to pay some  | one who is not an ati                          | torney to help you fill ou | t bankruptcy forms?   |
|                   | No No   |  |                            |   |
| Ľ                 | Yes. Name of person   |  |                            | Attach the Bankruptcy Petition Preparer's Notice.  Declaration, and Signature (Official Form 119).  |

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## UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re:    | Oaks, James                                | 0   |                                  |
|-----------|--|---|----------------------------------|
| Debtor(s) |  | Case No                                       |                                  |
|           |  | Chapter.                                      | Chapter13                        |
|           | VERIFIC                                    | CATION OF CREDITOR MATE                       | NIX                              |
| knowled   | The above named Debtors hereby verify ige. | y that the attached list of creditors is true | and correct to the best of their |
| Date:     | 4/1/2017                                   | /s/ Oaks, James                               | Aun Dal                          |
|           |  | Oaks, James<br>Signature of Debtor            |                                  |

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| Deb  | tor 1 James                                |  | Oaks  | Case number (it known)   |  |
|--|--|--|---|--|--|
|  | First Name                                 | Middle Name  | Last Name   | manufacture 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (  | The state of the s |
| 16.  | Calculate the mediar                       | r family income that applies to y  | ou. Follow these steps:   |  |  |
|  | 16a. Fill in the state in                  | which you live.  | Illinois  |  |  |
|  | 16b. Fill in the number                    | of people in your household.   | 5   |  |  |
|  |  | family income for your state and si  |   |  | \$99,616.00  |
|  | household using the link spe               | cified in the senarate instructions for  | To find a<br>or this form. This list man                        | tlist of applicable median income amounts, go online also be available at the bankruptcy clerk's office.       | •  |
| 17.  | How do the lines com                       |  | or this form. This list firey                                   | also be available at the bankropicy clerk's office.  |  |
|  | 17a. Line 15b is le<br>under 11 U.S        | ss than or equal to line 16c. On th<br>S.C. § 1325(b)(3). Go to Part 3. D  | e top of page 1 of this fo<br>o NOT fill out <i>Calculation</i> | nm, check box 1, Disposable income is not determined of Disposable Income (Official Form 122C-2).              |  |
|  | U.S.C. § 132                               | fore than line 16c. On the top of $p = 5(b)/3$ . <b>Go to Part 3 and fill out</b> our current monthly income from li | Calculation of Disposal   | box 2, Disposable income is determined under 11 ple Income (Official Form 122C-2). On line 39 of that          |  |
| Part   | Calculate Your                             | Commitment Period Under  | 11 U.S.C. §1325(b)(   | <del>1</del> )   |  |
| 18.  | Copy your total avera                      | ge monthly income from line 11   |   |  | \$1,820.00   |
| 19.  | Deduct the marital accommitment period und | <b>ijustment if it applies.</b> If you are der 11 U.S.C. § 1325(b)(4) allows   | married, your spouse is a                                       | not filing with you, and you contend that calculating the<br>ur spouse's income, copy the amount from line 13. | ***************************************  |
|  |  | tment does not apply, fill in 0 on 1   |   |  | -\$0.00  |
|  | 19b. Subtract line 19a                     | a from line 18.  |   |  | \$1,820.00   |
| 20.  | Calculate your curren                      | t monthly income for the year.   | Follow these steps:   |  | L  |
|  | 20a. Copy line 19b.                        |  |   |  | \$1,820.00   |
|  |  | e number of months in a year).   |   |  | x 12   |
|  | 20b. The result is your                    | current monthly income for the yea   | ar for this part of the form                                    |  | \$21,840.00  |
|  | 20c. Copy the median                       | family income for your state and si  | ze of household from line                                       | 9 16c.   | \$99,616.00  |
| 21.  | How do the lines com                       | pare?  |   |  |  |
|  | Line 20b is less that commitment period    | in line 20c. Unless otherwise order<br>I is 3 years. Go to Part 4.   | ed by the court, on the b                                       | op of page 1 of this form, check box 3. The  |  |
|  | Line 20b is more th                        | an or equal to line 20c. Unless off<br>t period is 5 years. Go to Part 4.  | nerwise ordered by the co                                       | ourt, on the top of page 1 of this form, check box   |  |
| Part   | s Sign Below                               |  |   |  |  |
| HAT POSITION TO SERVICE SERVIC |  |  |   |  |  |
|  | By signing nere, I d                       | ectare under penalty of perjury tha  | t the information on this: $\sim 10^{-1}$                       | statement and in any attachments is true and correct.  |  |
|  | 🗴 /s/ James O                              | aks / ( AMA)   | WE x  |  |  |
|  | Signature of De                            |  | Sk  | nature of Debtor 2   |  |
|  | Date 4/1/201                               | 7  | Da  | te   |  |
|  | MM/DD/                                     | <u> </u>   |   | MM/DD/YYYY   |  |
|  | If you checked 17a,                        | do NOT fill out or file Form 122C  | -2.   |  |  |
|  | If you checked 17b above.                  | , till out Form 122C-2 and file it wi  | th this form. On line 39 o                                      | of that form, copy your current monthly income from line   | : 14   |
| ~~~  |  | A W. of Park 1 and 1       |   |  |  |